U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 85-257, as amended. Fallure to comply may result in criminal presecution, linea, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7764	2. Fiscal Year Covered From:		
	10 / 1 / 2003 Through: 9 / 30 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Isabel Pietri	Name Local 81076, Communications Workers AFL/CLO		
	Labor Organization File Number 014-248		
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any		
Street 260 Graff Avenue	Street 150-47 Millside Avenue		
City Branx	City Jamaica		
State New York ZIP Code + 4 10455	State New York ZIP Code + 4 11432		
5. Position in labor organization. Fresident	Substitution of the second contract of the se		
	AND THE CONTRACT OF THE CONTRA		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monotary value from an employer whose employees your organizations.	darived income or other economic benefit of income or other econom		
5. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Incorne.		
Name:			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	Specifically actions and the second control or principal action of the second control of		
This is a second of the second	7.b, Amount		
Street			
City :	, maxi		
THE CONTRACTOR OF THE CONTRACT	a younge .		
State ZIP Code + 4			
Sig	nsture		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the same contains and complete.)	riving documents), has been examined by the signatory and is, to the best of the		
\sim \sim \sim \sim \sim \sim			
Signed	on 8/9/2015 718-526-8000		

Name of Person Filing Isabel Pictri	File Number U-
B. Held an interest in or derived income or economic banefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly of the dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business very seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deale with:
Name Boston Company	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., If any	c, Employer
Street One Boston Flace City Boston	
State Massachusotts ZIP Code + 4 02108	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name United Furniture Workers Pension Fund A	Business provides investment management serives to the Trust.
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	The state of the s
Street 1910 Air Lane Drive	11.b. Approximate dollar value of such dealing. \$163,720
City Nashville	12.a. Nature of interest held or income received
State Temnessee ZIP Code + 4 37210	Pehruary 2004 - I attended a dinner hosted by the Boston Company.
	AND CAMPAGE AND ADMINISTRATION OF THE PROPERTY
	12.b. Amount. \$114
C. Received from any employer (other than an employer covered and or from any labor relations consultant to an employer any payment of morest	
13.s. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, If any:	•
P.O. Box, Bldg., Room No., If any	1
Street	
City	
State ZiP Code + 4	The state of the second st
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Name of Person Filing Taabel Pietri	File Number U-	

Part & Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Bank of New York	1995 - Labor Ornaviration
Trade Name, if any: }	a. Labor Organization
$\frac{1}{2}(a, a, c, a) \neq 0 or an example of the supplies of the transfer of $	b, Trust
P.O. Box, Bldg., Room No., if any	
Street One Wall Street	c. Employer
City New York	
State New York ZIP Code + 4 10286	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name United Furniture Workers Pension Fund A	Business provides investment management serives to the Trust.
Trade Name, if any:	the IIdae.
P.O. Box, Bldg., Room No., if any	
Annual Control of the	
Street 1910 Air Lane Drive	
Cly Nashville	The second secon
State Tennessee ZIP Code + 4 37210	11.b, Approximate dollar value of such dealing. \$62,250
	12.a. Nature of interest held or income received.
	February 2004 - I attended a dinner hosted by the Bank of New York.
	12.b. Amount. \$70

Name of Person Filing I sabel	Pietri	File Number U-
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Part & Continuation Page

B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leading to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leading directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business desis with:	
Name United Furniture Workers Pension Fund A	a. Labor Organization	
Trade Name, if any:	Truct	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1910 Air Lane Drive	c. Employer	
City Nashville		
State Tennessee ZIP Code + 4 37210		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name United Furniture Workers Pension Fund A	Reimbursement of trustee related e	xpenses.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1910 Air Lane Drive		
City Nashville	kan a um a maga Antanah dan dan maga maga maga kan kan kan kan kan kan kan kan kan ka	INFORMACION SECTION SE
State Tennessee ZIP Code + 4 37210	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or Income received.	Charles And Angelogical Control of the Control of t
	Reimbursement of travel, hotel, memiscellaneous expenses incurred to Trustees meetings in February and Finance Investment Committee meeting September 2004.	attend Board of June 2004, and
	12.b. Amount.	\$1,525
	•	Common Barbon of

Name of Person Filing Isabel Pietri	File Number U-

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and oddress of Business (including trade name, if any).	9, Business deals with:
Name United Furniture Workers Insurance Fund	a. Labor Organization
Trade Name, if any:	X: b, Trust
Street 1910 Air Lane Drive	c. Employer
City Nashville	
Slate Tennessee	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.
Name United Furniture Workers Insurance Fund	Reimbursement of trustee related expenses.
Trade Name, if any:	
P.O. Box, Sidg., Room No., If any	
Street 1910 Air Lane Drive	
Chy Nashville	
State Tennessee ZiP Code + 4 37210	11.b. Approximate dollar value of such dealing. 50
	12.a. Nature of interest held or income received.
	Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February and June 2004.
	:
	M. DANGERS CO. SAMBARA CO. SAM
	12.b, Amount. \$572